



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 1345

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/597,391	07/24/2006 RULE	370	2614	US040122

APPLICANTS
 Javier Del Prado Pavon, Ossining, NY;
 Amjad Soomro, Hopewell Junction, NY;
 SaiShankar Nandagopalan, Tarrytown, NY;
 Zhun Zhong, Croton-on-Hudson, NY;
 Kiran Challapali, New City, NY;
 Joerg Habetha, Aachen, GERMANY;
 Guido Hiertz, Koeln, GERMANY;

**** CONTINUING DATA *******
 This application is a 371 of PCT/IB2005/050441 02/02/2005
 which claims benefit of 60/542,530 02/06/2004
 and claims benefit of 60/581,581 06/21/2004

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 06/30/2008

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /THJUAN KNOWLIN ADDY/ Examiner's Signature	<input type="checkbox"/> Met after Allowance TKA Initials	STATE OR COUNTRY NY	SHEETS DRAWINGS 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------	---------------------------	-------------------------	-----------------------	----------------------------

ADDRESS
 PHILIPS INTELLECTUAL PROPERTY & STANDARDS
 P.O. BOX 3001
 BRIARCLIFF MANOR, NY 10510
 UNITED STATES

TITLE
 Beaconing Protocol for Ad-Hoc Networks

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit